

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047994
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 4440 Registrar's No. 298

FILED DEC 18 1962

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, give township only) <u>Remick</u> | | c. CITY OR TOWN <u>Remick</u> | |
| Length of stay in lb <u>45 years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u> | | d. STREET ADDRESS (If outside, give location) <u>None</u> | |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>EDGAR HENRY ASBURY</u> | | | 4. DATE OF DEATH Month Day Year <u>December - 7 - 1962</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-12-1894</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Howard Co. Mo.</u> | | |
| 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>William Henry Asbury</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha White</u> | | 14. NAME OF HUSBAND OR WIFE <u>Daisy Maude Asbury</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 17. INFORMANT <u>Mrs. E. H. Asbury Moberly Mo.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Myocardial Infarct</u> DUE TO (b) <u>Myocardial Infarct</u> DUE TO (c) <u>Arteriosclerosis of the Heart</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2d</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>1958</u> to <u>12/7/62</u> and last saw her alive on <u>12/7/62</u> Death occurred at <u>10:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|---|---------------------------------|--|--|---|
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>121 S. Main St. Moberly Mo.</u> | | 22c. DATE SIGNED <u>12/8/62</u> |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) | 23b. DATE <u>Dec-10-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u> | 23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-8-62</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.